PTO/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Inder the Paperwork Reduction Act of 1995, no persons are required

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

to respond to	a collection of in	formation unless it displays a valid OMB control number				
Application Number		10/622,869				
Filing Date		July 18, 2003				
First Named Inventor		Suresh K. TIKOO				
Title	PAV REGIONS FOR ENCAPSIDATION AND E1 TRANSCRIPTIONAL CONTROL					
Art Unit		1645				
Examiner Name		Not Yet Assigned				
Attorney Docket No.		293102003600				

Practitioners at Customer Number 25226 OR Practitioner(s) named below: Name Registration Number Name Registration Number Number	I hereby appoint:										
Practitioner(s) named below: Name											
Practitioner(s) named below: Name Registration Name Registration Name Registration Number											
Name Registration Number Name Registration Number Name Registration Number Number Registration Number Number Number Number Registration Number											
Address City Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		Name			Name						
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
The above-mentioned Customer Number. OR The address associated with Customer Number: Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	Please recognize or change the correspondence address for the above-identified application to:										
The address associated with Customer Number: Film or Individual Name											
Customer Number: Firm or Individual Name	OR				,						
Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*	1 1										
Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR Cusion	let Nutriber.									
Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
City State Zip Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*											
Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address					* 10.1. 110.					
Country Telephone Fax I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				ļ							
Applicant/Inventor. x Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			Lielebuone	1	<u> </u>	гах	`				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date Nov'ember 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
Name See below Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	X Assignee of record of the entire interest. See 37 CFR 3.71.										
Signature See below Date November 25, 2003 Telephone (306) 966-8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
Date November 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
Date November 25, 2003 Telephone (306) 966–8576 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.											
X *Total of 1 forms are submitted.	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										

of Covernor

Secretary, Board of Governon

(1) Bryan T. Schreiner, Director, Research Services

o(2) Justine Driedger, Research Analyst, Financial Reporting